

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: A QUALITY HOME SERVICE CORP
BUSINESS STREET ADDRESS: 4451 SW 102 AV DAVIE, FL ZIP 33328
BUSINESS MAILING ADDRESS: (SAME) ZIP _____
BUSINESS PHONE: 954-475-1088
DESCRIBE TYPE OF BUSINESS: HOME INSPECTIONS
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>LARRY NEWLAND, PRES</u>	<u>4451 SW 102 AV</u>	<u>DAVIE, FL</u>	<u>475-9598</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 01, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

LARRY NEWLAND, PRES
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>11/16/01</u> Category <u>18400</u> Fee Exempt per Sec. 13-13 Fee <u>110.25</u> Rec# <u>30654</u> New <input checked="" type="checkbox"/> Trans _____	
License # <u>0114704</u>	Control # <u>12383</u> Zoning <u>R-</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	